

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 5, 2004.

## **I. DISPUTE**

Whether there should be reimbursement for CPT code 95851 rendered on 8/27/03 and additional reimbursement for CPT code 99455-V5-WP rendered on 9/11/03.

## **II. RATIONALE**

Review of the requestors' position statement dated, December 2, 2003, states in part, "...On 8/27/03, manual muscle testing is denied as being global. This test is used to evaluate the patient's progress and make sure the established treatment protocol will offer the maximum benefit to the patient. This test is administered in our office by a chiropractor; rather than a physical or occupational therapist. TWCC Guidelines allow for this test to be billed and reimbursed separately when a doctor performs both components of a diagnostic test in the office-the whole test is to be paid in addition to the office visit...On 9/11/03, the impairment rating exam is not paid correctly per TWCC Guidelines. It is properly billed and coded per TWCC Guidelines. A copy of that guideline is included with this reconsideration request. ..."

Review of the respondent's position statement dated, February 13, 2004, states in part, "...Carrier has previously responded to this dispute on 01/23/2004. Please note the inconsistencies in the CPT codes on the attached Table of Disputed Services, EOR, and HCFA-1500. Carrier maintains its position as outline in the original response. ..."

Review of the carrier's EOB, dated 10/20/03, revealed the requestor billed for CPT code 99455-L5, rendered on 9/11/03 in the amount of \$450.83. The carrier reimbursed the requestor the amount of \$45.08 and denied the remaining balance of \$405.75 as "1 2-The charge for this procedure exceeds the fee schedule or usual and customary allowance. Whole procedure."

According to the TWCC Rule 134.202 (e)(6)(C)(i)(I-II), "An examining doctor who is the treating doctor shall bill using the "Work related or medical disability examination by the treating physician..."...Reimbursement shall be the applicable established patient office visit level associated with the examination. Modifiers 'V1', 'V2', 'V3', 'V4', or 'V5' shall be added to the CPT code to correspond with the last digit of the applicable office visit." Review of the requestors MMI/IR rating report dated 9/11/03, therefore the requestor is entitled to reimbursement in the amount of \$300.00 for the first musculoskeletal body area, and \$120.00 multiplied by 125% equals \$150.83 for a total amount of \$450.83, the carrier reimbursed the requestor the amount of \$45.08, therefore, additional reimbursement is recommended in the amount of \$405.75.

Review of the requestors HCFA 1500 revealed the requestor billed for CPT code 95831 rendered on 8/27/03. Review of the carrier's EOB, dated 9/30/03, revealed the carrier audited and denied CPT code 95831 as "1-By clinical practice standards, this procedure is incidental to the related primary procedure billed."

Telephoned the requestor's representative, \_\_\_\_ on 8/3/04 for clarification of disputed service noted above with no return phone call. Therefore the commission will review the CPT code 95851 as noted on the table of disputed services.

Review of the table of disputed services revealed the requestor is disputing CPT code 95851, however, review of the HCFA 1500 and the EOB submitted with the dispute package revealed CPT code 95831 was billed by the requestor and audited by the carrier. No HCFA 1500 or documentation was submitted to support that CPT code 95851 was rendered. Therefore reimbursement is not recommended for CPT code 95851.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99455-V5-WP in the amount of **\$405.75**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$405.75** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6<sup>th</sup> day of August 2004.

Margaret Q. Ojeda  
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Medical Review Division

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